

CERTIFICATE OF DEATH

Reg. Dist. No. 01975

1999

1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Route #144				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Mary Middle A. Last Harman				4. DATE OF DEATH Month February Day 28 Year 19 61			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/20/1873		9. AGE (In years last birthday) 87 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Brengle				14. MOTHER'S MAIDEN NAME Mary R. Cromwell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Robert Gearhart		Address Ellicott City, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY ARREST DUE TO 443X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) CEREBROVASCULAR ACCIDENT DUE TO HTASCVD (c) HTASCVD						INTERVAL BETWEEN ONSET AND DEATH 7 HRS 10 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 5-9 , 19 60 , to 2-28 , 19 61 , that I last saw the deceased alive on 2-28 , 19 61 , and that death occurred at 6:50 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) PETER VAN B. THORPE, M.D. DATE SIGNED 409 Columbia Road Ellicott City, Md.							
ACTUAL SIGNATURE P. Thorpe M.D.				PHYSICIAN'S NAME (Type) PETER VAN B. THORPE, M.D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/3/61		22c. NAME OF CEMETERY OR CREMATORY St. John's		22d. LOCATION (City, town, or county) (State) Ellicott City, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE F. C. Higinbotham				ADDRESS Ellicott City, Md.		24a. REC'D BY REGISTRAR DATE MAR 6 '61	
				24b. REGISTRAR'S SIGNATURE Charles E. Hines			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1900

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. COLOR		8. MARITAL STATUS		9. EDUCATION		10. RELIGION	
11. CAUSE OF DEATH		12. PLACE OF DEATH		13. DATE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF PHYSICIAN	
16. SIGNATURE OF REGISTRAR		17. SIGNATURE OF WITNESS		18. SIGNATURE OF DECEASED		19. SIGNATURE OF NEXT OF KIN		20. SIGNATURE OF BURIAL OFFICIAL	
21. SIGNATURE OF CORONER		22. SIGNATURE OF JURY		23. SIGNATURE OF JUDGE		24. SIGNATURE OF CLERK		25. SIGNATURE OF SHERIFF	
26. SIGNATURE OF DEPUTY CLERK		27. SIGNATURE OF DEPUTY SHERIFF		28. SIGNATURE OF DEPUTY JUDGE		29. SIGNATURE OF DEPUTY JURY		30. SIGNATURE OF DEPUTY CORONER	
31. SIGNATURE OF DEPUTY REGISTRAR		32. SIGNATURE OF DEPUTY WITNESS		33. SIGNATURE OF DEPUTY DECEASED		34. SIGNATURE OF DEPUTY NEXT OF KIN		35. SIGNATURE OF DEPUTY BURIAL OFFICIAL	
36. SIGNATURE OF DEPUTY CORONER		37. SIGNATURE OF DEPUTY JURY		38. SIGNATURE OF DEPUTY JUDGE		39. SIGNATURE OF DEPUTY CLERK		40. SIGNATURE OF DEPUTY SHERIFF	
41. SIGNATURE OF DEPUTY DECEASED		42. SIGNATURE OF DEPUTY NEXT OF KIN		43. SIGNATURE OF DEPUTY BURIAL OFFICIAL		44. SIGNATURE OF DEPUTY CORONER		45. SIGNATURE OF DEPUTY JURY	
46. SIGNATURE OF DEPUTY JUDGE		47. SIGNATURE OF DEPUTY CLERK		48. SIGNATURE OF DEPUTY SHERIFF		49. SIGNATURE OF DEPUTY DECEASED		50. SIGNATURE OF DEPUTY NEXT OF KIN	
51. SIGNATURE OF DEPUTY BURIAL OFFICIAL		52. SIGNATURE OF DEPUTY CORONER		53. SIGNATURE OF DEPUTY JURY		54. SIGNATURE OF DEPUTY JUDGE		55. SIGNATURE OF DEPUTY CLERK	
56. SIGNATURE OF DEPUTY SHERIFF		57. SIGNATURE OF DEPUTY DECEASED		58. SIGNATURE OF DEPUTY NEXT OF KIN		59. SIGNATURE OF DEPUTY BURIAL OFFICIAL		60. SIGNATURE OF DEPUTY CORONER	
61. SIGNATURE OF DEPUTY JURY		62. SIGNATURE OF DEPUTY JUDGE		63. SIGNATURE OF DEPUTY CLERK		64. SIGNATURE OF DEPUTY SHERIFF		65. SIGNATURE OF DEPUTY DECEASED	
66. SIGNATURE OF DEPUTY NEXT OF KIN		67. SIGNATURE OF DEPUTY BURIAL OFFICIAL		68. SIGNATURE OF DEPUTY CORONER		69. SIGNATURE OF DEPUTY JURY		70. SIGNATURE OF DEPUTY JUDGE	
71. SIGNATURE OF DEPUTY CLERK		72. SIGNATURE OF DEPUTY SHERIFF		73. SIGNATURE OF DEPUTY DECEASED		74. SIGNATURE OF DEPUTY NEXT OF KIN		75. SIGNATURE OF DEPUTY BURIAL OFFICIAL	
76. SIGNATURE OF DEPUTY CORONER		77. SIGNATURE OF DEPUTY JURY		78. SIGNATURE OF DEPUTY JUDGE		79. SIGNATURE OF DEPUTY CLERK		80. SIGNATURE OF DEPUTY SHERIFF	
81. SIGNATURE OF DEPUTY DECEASED		82. SIGNATURE OF DEPUTY NEXT OF KIN		83. SIGNATURE OF DEPUTY BURIAL OFFICIAL		84. SIGNATURE OF DEPUTY CORONER		85. SIGNATURE OF DEPUTY JURY	
86. SIGNATURE OF DEPUTY JUDGE		87. SIGNATURE OF DEPUTY CLERK		88. SIGNATURE OF DEPUTY SHERIFF		89. SIGNATURE OF DEPUTY DECEASED		90. SIGNATURE OF DEPUTY NEXT OF KIN	
91. SIGNATURE OF DEPUTY BURIAL OFFICIAL		92. SIGNATURE OF DEPUTY CORONER		93. SIGNATURE OF DEPUTY JURY		94. SIGNATURE OF DEPUTY JUDGE		95. SIGNATURE OF DEPUTY CLERK	
96. SIGNATURE OF DEPUTY SHERIFF		97. SIGNATURE OF DEPUTY DECEASED		98. SIGNATURE OF DEPUTY NEXT OF KIN		99. SIGNATURE OF DEPUTY BURIAL OFFICIAL		100. SIGNATURE OF DEPUTY CORONER	

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MD. IT IS TO BE KEPT FOR A PERIOD OF FIFTY YEARS. IT IS TO BE MADE OUT IN THE CASE OF EVERY PERSON WHO DIES IN THIS STATE, WHETHER OR NOT THE DECEASED WAS A RESIDENT OF THIS STATE. IT IS TO BE MADE OUT IN THE CASE OF EVERY PERSON WHO DIES IN THIS STATE, WHETHER OR NOT THE DECEASED WAS A RESIDENT OF THIS STATE. IT IS TO BE MADE OUT IN THE CASE OF EVERY PERSON WHO DIES IN THIS STATE, WHETHER OR NOT THE DECEASED WAS A RESIDENT OF THIS STATE.

Page 4
TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be returned by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use on the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
2000
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Howard MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover				c. LENGTH OF STAY IN 1b 46 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hanover	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Hanover Road				d. STREET ADDRESS Box 141 - Hanover Road		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First KATE Middle L. Last JOHENNING				4. DATE OF DEATH Month February Day 16 Year 1961			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 17th March 1882	
9. AGE (In years last birthday) 78		10. UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		11. UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Carroll County, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Hansen McQuay				14. MOTHER'S MAIDEN NAME Elizabeth (unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Miss Violet L. Jochenning Address Same As #2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chr Myocarditis DUE TO (b) chr Bronchitis 5 yrs DUE TO (c) General arterio-sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4-22-1				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Jan 1958 to Feb 16 1961 , that (I) (we) last saw the deceased alive on Feb 16 1961 , and that death occurred at 8:45 AM , from the causes and on the date stated above.							
22a. SIGNATURE B B Brombaugh				22b. DATE SIGNED 2/17/61		22c. PHYSICIAN'S NAME (Type) B B Brombaugh	
22d. ADDRESS 2609 Main St Elbridge 27 Md				22e. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 18th Feb. '61		23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		23d. LOCATION (City, town, or county) (State) Brooklyn, RFD, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Robert P. Ware				25a. REC'D BY REGISTRAR DATE FEB 20 '61		25b. REGISTRAR'S SIGNATURE Arthur S. Thomas	

CERTIFICATE OF DEATH

10000



CHIEF OF POLICE



TO HOSPITAL: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. It may be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/59

2001

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01977

1. PLACE OF DEATH a. COUNTY <i>Howard</i> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Howard</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Savage</i>		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Savage</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Felton E. Keeney</i>		4. DATE OF DEATH <i>Feb 6 1961</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 1 1903</i>
9. AGE (In years lost birthday) <i>67 yrs.</i>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. IF UNDER 24 HRS. Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>State Road Comm. Maryland</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Edward Keeney</i>		14. MOTHER'S MAIDEN NAME <i>Rebecca Doffermeyer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Raymond White Savage Md</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertensive Cardio-Vas. Disease</i> 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH. <i>18 mos.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part-II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>June 1 1959</i> to <i>Feb. 6 1961</i> , that (I) (we) last saw the deceased alive on <i>Feb. 5 1961</i> , and that death occurred at <i>7 a. m.</i> from the causes and on the date stated above.		22a. SIGNATURE <i>Frank E. Shipley, M.D.</i>	
22b. DATE SIGNED <i>2/7/61</i>		22c. PHYSICIAN'S NAME (Type) <i>Frank E. Shipley, M.D.</i>	
22d. ADDRESS <i>Savage Md</i>		22e. MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>2/8/61</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Savage Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Savage Md</i>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>McWitt Donaldson Laurel Md</i>		24b. ADDRESS	
25a. REC'D BY REGISTRAR <i>FEB 14 '61</i>		25b. REGISTRAR'S SIGNATURE <i>Anthony L. Hance</i>	

MASSACHUSETTS DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1000



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2002

CERTIFICATE OF DEATH

Reg. Dist. **01978**

1. PLACE OF DEATH a. COUNTY <u>Howard</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Centennial Lane</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Howard</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> d. STREET ADDRESS <u>Centennial Lane</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>J.</u> Last <u>MANNER Sr.</u>				4. DATE OF DEATH Month <u>Feb.</u> Day <u>10</u> Year <u>1961</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug. 12, 1876</u>		9. AGE (In years last birthday) yrs. <u>84</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Baltimore Co. Md</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Co. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u> </u>			
13. FATHER'S NAME <u>Charles Manner</u>						14. MOTHER'S MAIDEN NAME <u>Dora Smith</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>218-36-4006</u>		INFORMANT Address <u>Mrs. Agnes Sheets, Centennial Lane, Ellicott City</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RESPIRATORY ARREST</u> <u>443x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause last. (b) <u>CARDIOVASCULAR ACCIDENT</u> (c) <u>HTA SCVD</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>5 Yrs -</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u> </u> <u> </u> <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from <u>1960</u> , 19 <u> </u> , to <u>2-10</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>2-10</u> , 19 <u>61</u> , and that death occurred at <u>8:05 PM</u> , from the causes and on the date stated above.											
ACTUAL SIGNATURE <u>Peter V. Thorpe</u>						DATE SIGNED <u>409 Columbia Road</u>					
PHYSICIAN'S NAME (Type) <u>Peter Van B. Thorpe</u>						<u>Ellicott City, Maryland</u>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				22b. DATE THEREOF <u>2-15-61</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Most Holy Redeemer</u>				22d. LOCATION (City, town, or county) (State) <u>Baltimore, Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham, Ellicott City, Md</u>						24a. REC'D BY REGISTRAR DATE <u>FEB 14 '61</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur L. Hume</u>			

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

I, J. J. ...

of the County of ...

do hereby certify that ...

I - I -

Witness my hand and seal this ... day of ... 1914.

2003

CERTIFICATE OF DEATH

Reg. Dist. No. 01979

1. PLACE OF DEATH a. COUNTY HOWARD MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY HOWARD			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, FULTON				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL, FULTON			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS 1		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RAYMOND First MOORE Middle MOORE Last				4. DATE OF DEATH FEB. 17, 1961 Month FEB. Day 17 Year 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 25 JAN 1898	
9. AGE (In years last birthday) 63 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVT.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Alfred Moore				14. MOTHER'S MAIDEN NAME Julia Leger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Anna L. Moore Fulton Md. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE DUE TO (c) 13 MO.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PYELONEPHRITIS, CHRONIC							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) NO INJURY			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 13 MARCH, 1960 , to FEB 17 , 1961, that I last saw the deceased alive on FEB 17 , 1961, and that death occurred at 5 P. M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Richard Compton				ADDRESS (Street, city or town, state) 612 MAIN ST., LAUREL, MARYLAND		DATE SIGNED	
PHYSICIAN'S NAME (Type) RICHARD COMPTON							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/20/61		22c. NAME OF CEMETERY OR CREMATORY St Pauls Lutheran		22d. LOCATION (City, town, or county) (State) Fulton Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE De Witt Davidson Laurel Md ADDRESS				24a. REC'D BY REGISTRAR DATE FEB 27 '61		24b. REGISTRAR'S SIGNATURE Arthur L. Hume	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

01980

2004

Item 22b, telephone call - Easton Funeral Home 2/23/61

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>(Rural) Ellicott City</u>		c. LENGTH OF STAY IN 1b <u>68 yrs.</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Waterloo Rd.</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Edward</u> Last <u>Pfeiffer</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>19</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 14, 1892</u>
9. AGE (In years last birthday) <u>68</u> yrs.		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	11. IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John R. Pfeiffer</u>	
14. MOTHER'S MAIDEN NAME <u>Mary A. Plummer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>218-14-9061</u>		INFORMANT <u>Wm. E. Pfeiffer Waterloo Rd. Ellicott City, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO <u>Chronic glomerular nephritis</u> Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u> lying cause last. (b) <u> </u> DUE TO <u> </u> (c) <u> </u> DUE TO <u> </u>			INTERVAL BETWEEN ONSET AND DEATH <u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u> </u> p. m. <u> </u> 19 <u> </u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u> </u>	20f. (City or town) (County) (State) <u> </u> <u> </u> <u> </u>
21. I certify that I attended the deceased from <u>9-9</u> , 19 <u>60</u> , to <u>2-19</u> , 19 <u>61</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>61</u> , and that death occurred at <u>8:30</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>46 Church Rd. Ellicott City, Md.</u> DATE SIGNED <u>2-20-61</u> ACTUAL SIGNATURE <u>Thomas F. Herbert</u> M.D. PHYSICIAN'S NAME (Type) <u>Thomas F. Herbert, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Mausoleum</u>	22b. DATE THEREOF <u>2-22-61</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>	22d. LOCATION (City, town, or county) (State) <u>Baltimore Co., Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Easton Funeral Home</u>		24a. REC'D BY REGISTRAR DATE <u>FEB 23 '61</u>	
ADDRESS <u>Catonsville, Md.</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Kraus</u>	

Page 4

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE OF CALIFORNIA

1908

(1)

Page 4
TO HOSPITAL: The low requires that the death certificate be executed within 24 hours after death.
TO HOSPITAL: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2005

CERTIFICATE OF DEATH

Item 8 Film 0251 2-21-61 et

01981

1. PLACE OF DEATH a. COUNTY Howard MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Howard	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville		c. LENGTH OF STAY IN 1b Rife	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oscar Middle Riggs Last Streaker		4. DATE OF DEATH Month Feb. Day 10 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1886
9. AGE (In years lost birthday) 74 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Streaker		14. MOTHER'S MAIDEN NAME Anna Clark	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) --		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Mrs. Edna Streaker		Address Sykesville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 443X IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) HYPERTENSIVE CARDIOVASCULAR DISEASE with (c) GENERALIZED ARTERIOSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 8 hrs 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from 1935 to 2.10.61 , that (I) (we) last saw the deceased alive on 2.10.61 , and that death occurred at 8 A.M. from the causes and on the date stated above.			
22a. SIGNATURE Wm. H. Lawson, Jr., M.D.		22b. DATE SIGNED 2.10.61	
22c. PHYSICIAN'S NAME (Type) Wm. H. Lawson, Jr., M.D.		22d. ADDRESS Sykesville-2, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2-12-61	
23c. NAME OF CEMETERY OR CREMATORY Springfield		23d. LOCATION (City, town, or county) (State) Sykesville, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE Mer. & Haight Fun. Home, Sykesville, Md.		25a. REC'D BY REGISTRAR FEB 17 '61	
ADDRESS Sykesville, Md.		25b. REGISTRAR'S SIGNATURE Arthur E. Hume	



NAVY DEPARTMENT OFFICE

NAVY DEPARTMENT OFFICE

2005



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RECEIVED

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1
 MARYLAND STATE DEPARTMENT OF HEALTH
 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
 CERTIFICATE OF DEATH

2006

01982

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>HOWARD</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HANOVER</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>HANOVER</u>			
c. LENGTH OF STAY IN 1b <u>13 YRS</u>				d. STREET ADDRESS <u>1 Ridge Road</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Ridgerd</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY Ann Wyant</u>				4. DATE OF DEATH Month Day Year <u>Feb 8 1961</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 12, 1872</u>	
9. AGE (In years lost birthday) <u>88</u> yrs.		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Louis Emrich</u>				14. MOTHER'S MAIDEN NAME <u>TEENY BROWN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Geo. Wyant</u> Address <u>Ridgerd, Hanover, Md</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>422.1</u> DUE TO <u>Acute Cardiac Failure</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Cardiovascular disease</u> (c) <u>Emphysema</u>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> of work Not while <input type="checkbox"/> of work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>Jan 1</u> 19 <u>61</u> to <u>Feb 8</u> 19 <u>61</u> , that (I) (we) lost the deceased alive on <u>Feb 8</u> 19 <u>61</u> , and that death occurred at <u>11:30 A.M.</u> from the causes and on the date stated above.							
22a. SIGNATURE <u>Geo. S. M. Kieffer</u> M.D.				22b. DATE SIGNED <u>Feb 9 61</u>			
22c. PHYSICIAN'S NAME (Type) <u>GEO. S. M. KIEFFER</u>				22d. ADDRESS <u>4470 Inverness Blvd.</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE THEREOF <u>2-11-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>London Park</u>		23d. LOCATION (City, town, or county) (State) <u>BALTIMORE Md.</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>GEO. L. Schwab</u> ADDRESS <u>Funeral Home Francis W. Miller 2101 Rutland Ave. Balt.</u>				25a. REC'D BY REGISTRAR DATE <u>FEB 14 '61</u>		25b. REGISTRAR'S SIGNATURE <u>Arthur S. Hume</u>	

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 14th inst. in relation to the above captioned matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
[Signature]
[Title]

CERTIFICATE OF DEATH

Reg. Dist. No.

01983

2007

1. PLACE OF DEATH a. COUNTY <u>Howard</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Howard</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Patapsco Heights</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nannie Elizabeth Yates</u>				4. DATE OF DEATH Month Day Year <u>Feb 27 1961</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 11 1873</u>	
9. AGE (In years last birthday) <u>87</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Virginia</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>housewife</u>				13. FATHER'S NAME <u>John Thrope</u>			
14. MOTHER'S MAIDEN NAME <u>Louise Chadwell</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT <u>Mrs Stanley Baldwin</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>—</u> (c) <u>Arteriosclerotic Cardio-Vascular Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u> <u>2 years</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Feb 26 1961</u> , to <u>Feb 27 1961</u> , that I last saw the deceased alive on <u>Feb 26 1961</u> , and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>William F. Cassaway</u>				ADDRESS (Street, city or town, state) DATE SIGNED <u>Ellicott City, Md. 2/27/61</u>			
PHYSICIAN'S NAME (Type) <u>William F. Cassaway</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		22b. DATE THEREOF <u>3/1/61</u>		22c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>		22d. LOCATION (City, town, or county) (State) <u>Ellicott City, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>				ADDRESS <u>Ellicott City, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAR 6 '61</u>	
				24b. REGISTRAR'S SIGNATURE <u>Charles E. Hines</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

